



**Cooney State Park's**  
*Run For The Fish Of It!*  
*5K Fun Run*

September 27, 2014 at 10 am at Cooney State Park

Questions/Information, Contact: Glennis Cates at (406) 445-2326 or email  
[gcates.fwp@gmail.com](mailto:gcates.fwp@gmail.com)

Registration is \$20 until September 6, 2014. \$25 after September 6th, kids 13 and under free unless they want a T-shirt, the price is \$10. Send registration, acknowledgement of risk, and payments to Cooney State Park, 86 Lake Shore Road, Roberts, MT 59070. Cash or check only. Make checks payable to Kids 'n Cowboys.

Participant Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Emergency Contact Name: \_\_\_\_\_

Emergency Contact Phone #: \_\_\_\_\_

Please Circle One:

Male / Female

Age Group: 13 and under / 14 – 24 / 25 – 34 / 35 – 44 / 45 and up

Shirt size: Small / Medium / Large / X-Large

Participant signature: \_\_\_\_\_ Date: \_\_\_\_\_

Parental guardian signature if under 18: \_\_\_\_\_ Date: \_\_\_\_\_

**Montana Fish, Wildlife and Parks  
Montana State Parks Division  
Acknowledgment of Risk and Consent Form**

State Park : **Cooney State Park**

Program / Event Name: **Run for the Fish of It! 5K fun run**

Date(s) of Program: **September 27, 2014**

Participant Name: First: \_\_\_\_\_ Middle: \_\_\_\_\_ Last: \_\_\_\_\_

Gender: Male: \_\_\_\_\_ Female: \_\_\_\_\_ 18 Years Old or Older Yes: \_\_\_\_\_ No: \_\_\_\_\_ (If No See Shaded Section Below)

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Phone : \_\_\_\_\_ Cell Phone: \_\_\_\_\_

**If Under age of 18 a Parent or Guardian must complete this section**

**Father's Name:** \_\_\_\_\_ Father's work Phone: \_\_\_\_\_

**Mother's Name:** \_\_\_\_\_ Mother's work Phone: \_\_\_\_\_

**Guardian's Name:** \_\_\_\_\_ Guardian's work Phone: \_\_\_\_\_

**Member lives with:** Mother: \_\_\_\_\_ Father: \_\_\_\_\_ Grandparent: \_\_\_\_\_ Other: \_\_\_\_\_ Relationship to Participant: \_\_\_\_\_

**Persons Authorized To Pick Up Participant:**

Name: \_\_\_\_\_ Relationship to participant: \_\_\_\_\_ Phone: \_\_\_\_\_

Name: \_\_\_\_\_ Relationship to participant: \_\_\_\_\_ Phone: \_\_\_\_\_

Name: \_\_\_\_\_ Relationship to participant: \_\_\_\_\_ Phone: \_\_\_\_\_

**Local Emergency Contacts:**

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

**Acknowledgment and Consent:** I understand that at this event or related activities I may be photographed. I agree to allow my (or for the participant for which I am signing) photo, video or film likeness to be used for any legitimate purpose by FWP such as, newsletters, FWP websites and social media sites (i.e. Facebook) page, and brochures.

I, understand that participation in some of the activities may involve some level of risk and understand that due to the nature of these activities all injuries cannot be completely prevented. I understand that participation involves various levels of risk, and I am aware that there is a possibility of an injury. These injuries may range from a simple bruise to a cut, sprain, strain, or injuries that may require medical attention.

I, certify that I (or the participant I am signing for) am (is) physically fit to participate in the above mentioned activities and have not been advised otherwise by a qualified person.

I, hereby consent to medical treatment that may be deemed advisable in the event of injury, accident and/or illness during an activity.

I, the undersigned (as a parent or guardian of the participant, a minor), understand that I am entirely responsible for arranging for or insuring the proper and timely administration of any required medications required by the participant.

I, the undersigned (as a parent or guardian of the participant, a minor), hereby give permission for the exchange of medical information concerning (participant name: \_\_\_\_\_) between FWP employees and volunteers, and medical professionals during a medical emergency.

**Participant Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Parent / Guardian Name:** \_\_\_\_\_

**Parent / Guardian Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_